



FEBRUARY 28 CMS QUALITY VENDOR WORKGROUP

February 28, 2019
12:00 – 1:30 p.m. ET



Agenda

| Topic | Speaker |
|---|---|
| 2019 CMS QRDA III IG Addendum | Shanna Hartman <i>CMS Division of Electronic and Clinician Quality CMS/CCSQ/QMVIG</i> Matt Tiller <i>ESAC, Inc.</i> <i>Healthcare IT and Life Sciences Data Management Solutions Contractor</i> |
| eCQI Resource Center – eQIM Annual Timeline and InfoTrac | Shanna Hartman <i>CMS Division of Electronic and Clinician Quality CMS/CCSQ/QMVIG</i> Edna Boone <i>ESAC/Battelle</i> |
| Hospital Inpatient Quality Reporting (IQR) Updates | Artrina Sturges, Veronica Dunlap <i>HCQIS</i> |
| Collaborative Measure Development Workspace | Bridget Blake, Rose Almonte <i>MITRE</i> |
| Upcoming CMS Assessment Submission & Processing (ASAP) and Reporting System Enhancement for LTCHs (iQIES) | Jessica Wentworth <i>Social Science Research Analyst, CMS</i> |
| Quality Payment Program (QPP) Updates – Data Submission and Call for Measures | Ashley Spence <i>Division of Electronic and Clinician Quality CMS/CCSQ/QMVIG</i> |
| Questions | |



2019 CMS QRDA I and QRDA III Updates

Shanna Hartman

CMS Division of Electronic and Clinician Quality
CMS/CCSQ/QMVIG

Matt Tiller

ESAC, Inc.

Healthcare IT and Life Sciences Data Management Solutions
Contractor



2019 CMS QRDA III IG Addendum



2019 CMS QRDA III IG ADDENDUM - BACKGROUND

- The Centers for Medicare & Medicaid Services (CMS) has released an [addendum to the 2019 CMS Quality Reporting Document Architecture \(QRDA\) Category III Implementation Guide \(IG\) for Eligible Clinicians and Eligible Professionals Programs](#)
- This supports Calendar Year (CY) 2019 electronic clinical quality measure (eCQM), Improvement Activity, and Promoting Interoperability reporting
- The 2019 CMS QRDA III IG and addendum provide technical instructions for reporting for:
 - Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
 - Comprehensive Primary Care Plus (CPC+)
 - Promoting Interoperability Programs



2019 CMS QRDA III IG ADDENDUM

- The addendum includes changes that occurred as a result of the CY 2019 Medicare Physician Fee Schedule Final Rule:
 - Updated universal unique identifier (UUID) table to reflect the November 2018 publication of the 2019 performance period eCQM specifications
 - Improvement Activity identifiers and Promoting Interoperability objectives and measure identifiers finalized by CMS for the MIPS CY 2019 performance period
- For 2019, MIPS eligible clinicians and groups are required to submit data for a full calendar year for the Quality performance category, a minimum of 90 continuous days for the Improvement Activities performance category, and a minimum of 90 continuous days for the Promoting Interoperability performance category



2019 CMS QRDA II IG ADDENDUM

- Additional Guidance on Certified EHR Technology (CEHRT) ID:
 - For the 2019 performance period, participants will submit a single set of Promoting Interoperability Objectives and Measures to align with 2015 Edition CEHRT
 - As part of their submission, participants shall include a CMS EHR Certification ID that represents the CEHRT used by the individual or group during the performance period
 - ***Groups should ensure that their CMS EHR Certification ID reflects all products used by clinicians within the group before generating the ID - only one CMS EHR Certification ID should be submitted for group reporting***
 - To obtain a CMS EHR Certification ID, participants should enter their product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all certified products or certified health IT modules used during the performance period
 - Full instructions on how to generate a CMS EHR Certification ID are found on pages 20-28 of the [CHPL Public User Guide](#)



NEW 2019 CMS QRDA III SAMPLE FILE FOR REPORTING STRATIFICATIONS



NEW 2019 CMS QRDA III SAMPLE FILE FOR REPORTING STRATIFICATIONS

- CMS has released a QRDA Category III Sample file that provides an example for reporting stratifications posted on the [eCQI Resource Center QRDA page](#)
- It is a supplement to the 2019 CMS QRDA III IG, Schematron, and Sample files published in October 2018
- The 2019 CMS QRDA III IG provides eligible clinicians and eligible professionals the technical instructions for reporting for:
 - Quality Payment Program: MIPS and APMs
 - CPC+
 - Promoting Interoperability Programs
- An eCQM reporting stratification is a variable grouping, or strata, that the measure is designed to report. For example, the measure may stratify by age to report separately by age groups, such as 14-19, 20-25 ,etc. When the measure definition includes stratification, each population in the measure definition should be reported both without stratification and stratified by each stratification criteria.



NEW 2019 CMS QRDA III SAMPLE FILE FOR REPORTING STRATIFICATIONS

- The new sample file uses CMS159v7 as an example to show eCQMs that specify reporting stratifications are reported using the Reporting Stratum template
- Several eCQMs for the 2019 performance period define reporting stratifications in their specifications, including: CMS74v8, CMS137v7, CMS153v7, CMS155v7, CMS159v7, and CMS160v7
- Each stratification identified in eCQMs must be reported for each population even if the count is zero and may only be reported once for a specific population
- For more information see the [2019 CMS QRDA III IG](#), the [2019 CMS QRDA III addendum](#), or the [eCQM Measure Logic Guidance document](#)



UPDATED 2019 CMS QRDA III MIPS SAMPLE FILE



UPDATED 2019 CMS QRDA III MIPS SAMPLE FILE

- CMS has also released an updated 2019 CMS QRDA III Sample file for MIPS
- The previously released 2019 CMS QRDA III MIPS Sample File should not be used. It was updated to reflect changes included in the 2019 CMS QRDA III addendum and is now replaced by a new publication.
- The updated MIPS sample file for 2019 CMS QRDA III has been included in the zip file available on the [eCQI Resource Center QRDA webpage](#)



UPDATED 2019 CMS QRDA I SCHEMATRON



UPDATED 2019 CMS QRDA I SCHEMATRON

- CMS has released an updated [2019 CMS QRDA Category I Schematron for Hospital Quality Reporting \(HQR\)](#)
- The updated Schematron provides technical instructions for reporting electronic clinical quality measures (eCQMs) for the calendar year 2019 reporting period for the:
 - Hospital Inpatient Quality Reporting Program
 - Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals
- The 2019 CMS QRDA I Schematron is a companion to the 2019 CMS QRDA I IG for HQR and allows for computerized validation of QRDA documents against the IG requirements.



UPDATED 2019 CMS QRDA I SCHEMATRON

- Changes to the Schematron include:
 - A correction in the QDM-Based QRDA (V5) template. The assertion rule for conformance statement 3343-17081 has been corrected from `test="count(count(cda:structuredBody))=1"` to `test="count(cda:structuredBody)=1"` to remove the extra nested count function that was causing an invalid xpath issue in the Schematron
 - The removal of a duplicate check for conformance statement 3343-16591 in the QRDA Category I Report - CMS (V5) template so the assertion rule for 3343-16591 would be triggered only once



RESOURCES

- November 2018 publication of the 2019 performance period eCQM specifications on the eCQI Resource Center - <https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms>
- CY 2019 Medicare Physician Fee Schedule Final Rule - <https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf>
- CHPL website - <https://chpl.healthit.gov/#/resources/overview>
- CHPL Public User Guide - https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf
- Additional QRDA-related resources, as well as current and past IGs, Addendums and Sample Files are found on the Electronic Clinical Quality Improvement Resource Center QRDA page - <https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture>



RESOURCES (CONT'D)

- For questions related to the QRDA IGs and/or Schematrons visit the ONC QRDA JIRA Issue Tracker - <https://oncprojecttracking.healthit.gov/support/projects/QRDA/issues/QRDA-764?filter=allopenissues>
- For questions related to Quality Payment Program/MIPS data submissions visit the Quality Payment Program website (<https://qpp.cms.gov/>), contact by phone 1-866-288-8292, or email QPP@cms.hhs.gov
- For questions about the QualityNet Secure Portal (https://cportal.qualitynet.org/QNet/pgm_select.jsp), contact the QualityNet Help Desk at qnetsupport@hcqis.org or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.



eCQI Resource Center

eCQM Annual Timeline and InfoTRAC

Shanna Hartman

CMS Division of Electronic and Clinician Quality
CMS/CCSQ/QMVIG

Edna Boone

ESAC/Battelle



ECQI RESOURCE CENTER

<https://ecqi.healthit.gov>

The screenshot shows the ECQI Resource Center website. At the top, there is a navigation bar with the following items: eCQI RESOURCE CENTER, eCQMs (Electronic Clinical Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), and Sign In (Manage Your Account). A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a main banner area. On the left side of the banner, there is a blue box with the text: "*NEW* Collaborative Measure Development Workspace" and a "Learn More" button. Below this box, there is a short paragraph: "Electronic Clinical Quality Improvement (eCQI) Resource Center - The one-stop shop for the most current resources to support electronic clinical quality improvement." The right side of the banner features a photograph of a healthcare professional in a blue lab coat with a stethoscope, looking at a laptop screen in a clinical setting.

Featured Resources

Three featured resource cards are displayed. The first card has an icon of a person with a stethoscope and a list icon, with the text "Eligible Professional / Eligible Clinician eCQMs". The second card has an icon of a hospital building with a green plus sign, with the text "Eligible Hospitals / Critical Access Hospital eCQMs". The third card has an icon of a graduation cap, with the text "Educational Resources".

Connect with the Community of Professionals Who are Dedicated to Clinical Quality Improvement for Better Health

Latest News

Submission of 2018 Electronic Clinical Quality Measure (eCQM) Data Due

Upcoming Events

2019 CMS Quality Conference - Innovating for Value and



NEW RESOURCES ON THE ECQI RESOURCE CENTER

- eCQM Annual Timeline
- eCQM Tools, Resources, & Collaboration (InfoTRAC)



FINDING THE ECQM ANNUAL TIMELINE

The screenshot shows the eCQI Resource Center website. The browser address bar displays <https://ecqi.healthit.gov/>. The eCQI Resource Center logo is in the top left. A navigation menu in the top right includes: eCQMs ^ (Electronic Clinical Quality Measures), Resources v (Standards, Tools, & Resources), About v (eCQI, CDS, FAQs, Engage), and Sign In (Manage). A yellow arrow labeled "Click 1st" points to the "eCQMs ^" menu item. A dark blue dropdown menu is open, showing two columns: "ECQMS" and "ABOUT ECQMS". The "ABOUT ECQMS" column contains links for "About eCQMs", "eCQM Annual Timeline", "eCQM Lifecycle", and "Certification". A second yellow arrow labeled "Click 2nd" points to the "eCQM Annual Timeline" link. On the left side of the page, there is a blue banner for "*NEW* Collaborative Measure Development Workspace" with a "Learn More >" button. Below the banner is a paragraph: "Electronic Clinical Quality Improvement (eCQI) Resource Center - The one-stop shop for the most current resources to support electronic clinical quality improvement."

Featured Resources



eCQM Annual Timeline

The [eCQM](#) Annual Timeline is a general guide provided for referencing scheduled updates for [eCQMs](#), tools, reporting, rules, public comments and more. The timelines listed may be subject to change.



eCQM Annual Timeline

The [eCQM](#) Annual Timeline is a general guide provided for referencing scheduled updates for [eCQMs](#), tools, reporting, rules, public comments and more. The timelines listed may by subject to change.



Periodic

eCQM

[CMS Measures Management System Blueprint Updated](#) [↗](#)

[Electronic Clinical Quality Measure Technical Expert Panels](#) [↗](#)

Expert Work Groups

[Individual Electronic Clinical Quality Measure Public Comment](#) [↗](#)

[Quality Data Model Updated](#)

1st Quarter

eCQM

[CMS Measures Inventory Tool Updated](#) [↗](#)

[CMS Quality Reporting Document Architecture I Implementation Guide Public Comments](#) [↗](#)

[Draft Electronic Clinical Quality Measure Specifications Posted in ONC Project Tracking System \(JIRA\) for Public Testing and Comments](#) [↗](#)

Reporting

[Inpatient Quality Reporting Submission Closed](#) [↗](#)

[Quality Payment Program Reporting Submission Open and Closed](#) [↗](#)

Rule

[Pre-Rulemaking: Measure Applications Partnership Publishes Final Report](#) [↗](#)

[Pre-Rulemaking: Measures Under Consideration Opens for New Measures](#) [↗](#)

2nd Quarter

eCQM

[CMS Quality Reporting Document Architecture I Implementation Guide Updated](#)

[CMS Quality Reporting Document Architecture III Implementation Guide Public Comments](#) [↗](#)

[Electronic Clinical Quality Measure Annual Update Published](#)

Reporting

Not Applicable

Rule

[Inpatient Prospective Payment System \(Inpatient Quality Reporting and Promoting Interoperability\) Proposed Rule](#) [↗](#)

[Pre-Rulemaking: Measures Under Consideration Closed](#) [↗](#)



FINDING INFOTRAC

The screenshot shows the eCQI Resource Center website. The browser address bar displays <https://ecqi.healthit.gov/>. A yellow arrow labeled "Click 1st" points to the address bar. The website header includes the eCQI Resource Center logo, navigation menus for eCQMs, Resources, About, and Sign In, and a search bar. A main banner features a blue box with the text "*NEW* Collaborative Measure Development Workspace" and a "Learn More" button. A second yellow arrow labeled "Click 2nd" points to the "Resources & Tools" dropdown menu, which is open and lists various resources and standards.

eCQI RESOURCE CENTER

eCQMs v Electronic Clinical Quality Measures

Resources ^ Standards, Tools, & Resources

About v eCQI, CDS, FAQs Engage

Sign In v Manage Your Account

Search

***NEW* Collaborative Measure Development Workspace**

[Learn More >](#)

Electronic Clinical Quality Improvement (eCQI) Resource Center - The one-stop shop for the most current resources to support electronic clinical quality improvement.

RESOURCES & TOOLS

- [eCQI Tools & Resources](#)
- [eCQM Educational Resources](#)
- [eCQM Implementation Checklist](#)
- [eCQM Addendum Checklist](#)
- [CMD \(Collaborative Measure Development\) Workspace](#)

ECQI STANDARDS

- [CQL \(Clinical Quality Language\)](#)
- [HQMF \(Health Quality Measure Format\)](#)
- [QDM \(Quality Data Model\)](#)
- [QRDA \(Quality Reporting Document Architecture\)](#)
- [CDS/eCQM Harmonization](#)

Featured Resources



eCQI Tools & Key Resources

[About](#)

[eCQM Standards and Tools Versions](#)

[eCQI Tool Library](#)

Tools & Resources

The eCQM Informational Tools, Resources and Collaboration (InfoTRAC) referenced in this section are openly available and are provided for stakeholder use. They provide a foundation for the development, implementation, reporting, help, and feedback of quality measures and their improvement.



Find the Tools and Resources You Need

Development

Tools

[Bonnie](#) ⓘ ↗
[CMIT](#) ⓘ ↗
[MAT](#) ⓘ ↗
[QPS](#) ⓘ ↗
[VSAC](#) ⓘ ↗

Implementation

Tools

[CMIT](#) ⓘ ↗
[Cypress](#) ⓘ ↗
[eCQI Resource Center](#) ⓘ
[USHIK](#) ⓘ ↗
[VSAC](#) ⓘ ↗

Reporting

Tools

[Cypress Validation Utility](#) ⓘ ↗
[QPP Tools](#) ⓘ ↗
[QPP QRDA III Converter](#) ⓘ ↗
[QualityNet](#) ⓘ ↗

Resources

Help & Feedback

Resources

[CMS Blueprint](#) ⓘ ↗
[CMS Help Desks](#)
[Federal Register](#) ⓘ ↗
[Public Comments](#) ⓘ ↗

Collaboration



CONTACT THE ECQI RESOURCE CENTER TEAM

- Please send any news, events, content or questions you have about the eCQI Resource Center to ecqi-resource-center@hhs.gov.



Hospital Inpatient Quality Reporting (IQR) Updates

Artrina Sturges and Veronica Dunlap
HCQIS



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CMS eCQM Strategy Project: Collaborative Measure Development Workspace

Bridget Blake

**Deputy Project Lead, Principal Systems Engineer
and Business Analyst**

MITRE

Rose Almonte

Task Lead, Principal Clinical Informaticist

MITRE

Agenda

- **Collaborative Measure Development (CMD) Workspace Overview**
- **CMD Workspace Demonstration**
- **Questions and Answers**

Introduction

CMS Priority

- **Primary goal of Administration:**
Remove obstacles that get in the way of the time clinicians spend with their patients
- **Patients Over Paperwork**
 - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
 - Includes several major tasks aimed at reducing burden for clinicians
 - Motivates CMS to evaluate its regulations to see what could be improved



eCQM STRATEGY RECOMMENDATIONS

ALIGNMENT

- eCQM reporting requirements across CMS program care settings
- eCQM specifications, value sets, and data collection

COMMUNICATION, EDUCATION, AND OUTREACH

- Coordinated education and outreach campaigns to learn from stakeholders and share CMS program information
- Measure-level webinars
- Clear eCQM guidance, plain language, and improved website usability

EHR CERTIFICATION PROCESS

- eCQM certification aligned with CMS reporting requirements



VALUE

- Quality dashboard best practice collaboration between providers and CMS
- Data element definitions

DEVELOPMENT PROCESS

- Collaborative Measure Development Workspace
- Data element repository
- Clinically feasible workflow for data capture
- Feasibility testing for new data elements

IMPLEMENTATION AND REPORTING PROCESSES

- Clear eCQM specifications, tools, and resources
- Feasible data elements
- Submission of data elements and eCQMs with FHIR and APIs
- Use of eCQM standards to support interoperability
- Consolidated pre-submission validation testing tools
- eCQM attribution research and pilots

eCQM Strategy Project Findings

- **There is confusion amongst clinical, quality, and IT staff on representing data required for eCQMs**
 - Need clear data element definitions
 - Request standardized data element representation to help their data mapping efforts
 - Request harmonization of data elements and value sets across eCQMs
- **Stakeholders would like to be involved in the early processes of measure development and testing**
- **Implementers are interested in seeing details of the development and testing processes to inform their implementation**
- **Providers emphasized the need for better alignment between quality data capture requirements and clinical workflows**

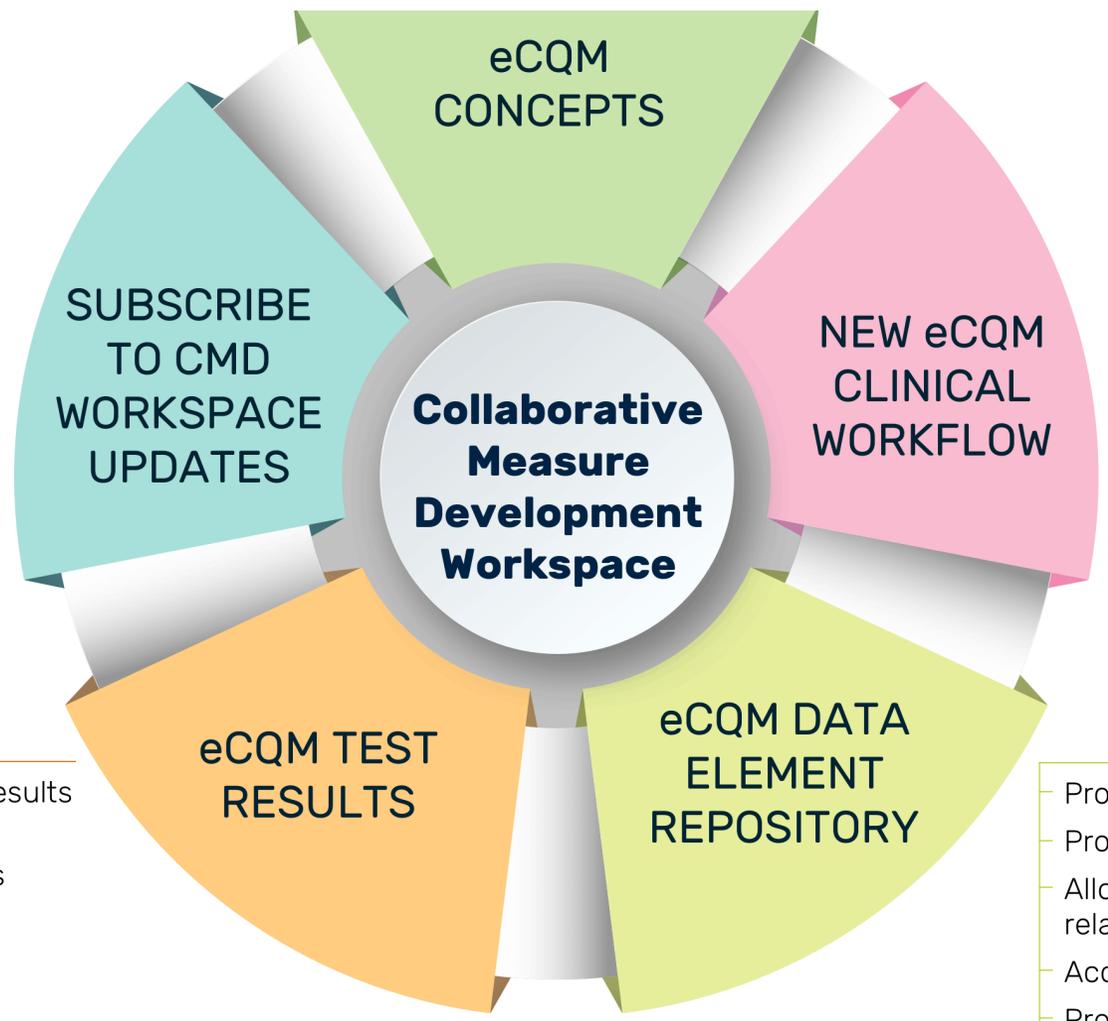
CMD Workspace Overview

- Hosted on the Electronic Clinical Quality Improvement (eCQI) Resource Center
- The CMD Workspace brings together a set of interconnected resources, tools, and processes to promote clarity, transparency, and better interaction across stakeholder communities that develop, implement, and report electronic clinical quality measures (eCQM)

Inputs into eCQM Concepts

- Meaningful Measures Areas
- CMS Measures Inventory Tool (CMIT)
- Measures Under Consideration (MUC) List

- Perform assessment against Meaningful Measures Areas
- Perform assessment against CMS eCQMs under development
- Check if already exists in similar measure



- Communicate regular updates on measures under development

- Provide a shared development workspace
- Provide access to measure workflow documentation
- Capture comments on evolving eCQMs
- Allow sites to express interest in testing

- Provide access to test results
- Provide access to all important test attributes
- Provide access to a test measure scorecard

- Provide access to eCQM data elements
- Provide access to value set codes
- Allow users to access use cases related to a data element(s)
- Access data element test results
- Provide comments related to a data element(s) for measures under development

High-Level Plan for Development

■ September 2018 – February 2019

- Gathered requirements and Conducted focus groups
- Developed prototypes of CMD Workspace Landing Page and Data Element Repository
- Launched CMD Workspace Landing Page and Data Element Repository (December 2018 (initial release), February 2019)

■ February 2019 – December 2019

- Elicit feedback and requirements from providers, implementers, and other stakeholders on existing and planned features
- Pursue development of remaining CMD Workspace modules

CMD Workspace Demonstration

Access the CMD Workspace via the eCQI Resource Center

<https://ecqi.healthit.gov/collaborative-measure-development>

Screenshot of CMD Workspace Landing Page

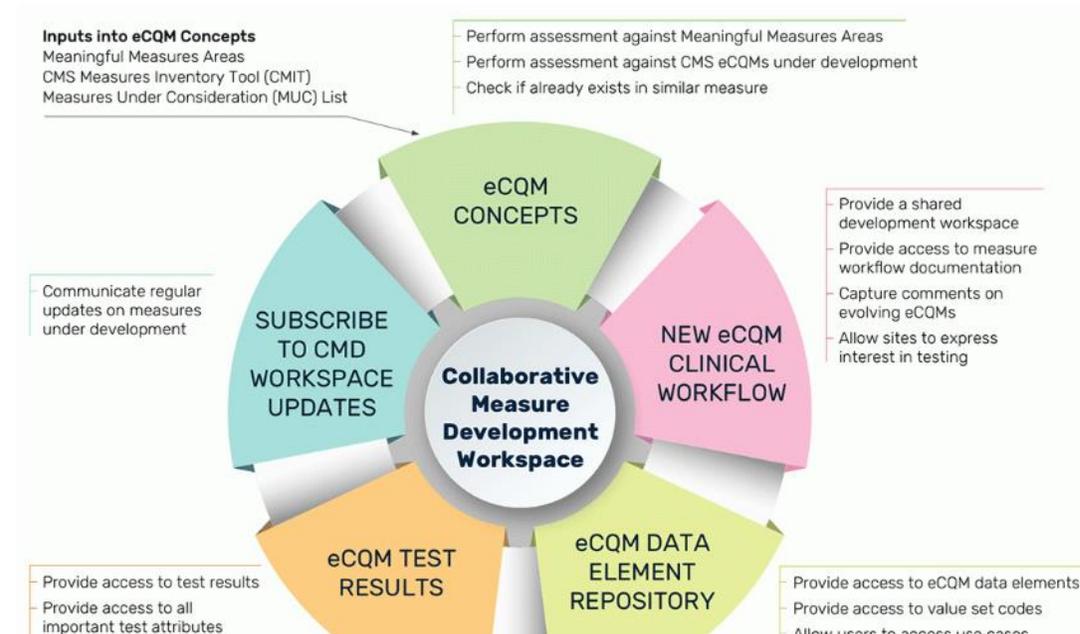
Collaborative Measure Development (CMD) Workspace

[About](#)

[eCQM Data Element Repository](#)

CMD Workspace

The CMD Workspace brings together a set of interconnected resources, tools, and processes to promote transparency and better interaction across stakeholder communities that develop, implement, and report electronic clinical [quality measures](#) (eCQM).



Screenshot of CMD Workspace Landing Page Listing of Available and Future Components



- [Other Measures Inventory Tool \(eCQI\)](#)
- [Measures Under Consideration \(MUC\)](#)

Available Components

[eCQM® Data Element Repository \(DERep®\)](#)

An online, searchable eCQM Data Element Repository provides all the data elements associated with published and tested [eCQMs®](#), as well as the definitions for each data element. This information will improve clarity for those implementing eCOMs.

[Visit the eCQM Data Element Repository.](#)

Future Components

eCQM Concepts

The eCQM Concept Workspace will give users the ability to submit new measure concepts, align new measures with Meaningful Measures criteria, and identify whether similar measures exist. Feedback can help guide the [measure developer®](#) to refine the concept and purpose behind a new measure to better suit the needs of the quality measurement reporting community.

New eCQM Clinical Workflow

Groups will be able to access all the measure development tools in the Collaborative Development Workspace and work in an iterative manner to perform measure development activities. Experts interested in a measure, measure endorsers, and other stakeholders can provide early comments, clinical workflow concerns, and guidance during the development lifecycle. Lessons learned from previous measure development efforts can help developers address implementation-specific issues that arise during development.

eCQM Test Results

The Draft Measure Test Results will offer transparency into the feasibility, reliability and [validity®](#) testing, a testing scorecard, and additional characteristics of test sites, including types of [health.IT®](#) used, number of test sites included, and rating of each data element in the testing process for each measure.

Subscribe to CMD Workspace Updates

CMD Workspace participants will be able to sign up for alerts on the progress of evolving measures within a specialty area.

[Request space membership](#)

Last Updated: January 8, 2019

Screenshot of Data Element Repository Landing Page

Collaborative Measure Development (CMD) Workspace

[About](#)

[eCQM Data Element Repository](#)

[eCQM](#) Data Element Repository (DERep)

The eCQM Data Element Repository (DERep) provides all the data elements associated with published and tested eCQMs for use in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can sort information by data element, eCQM, union, QDM attribute, or QDM category and datatype data element.

The data elements provided are for use by [Eligible Professional/Eligible Clinician](#) and [Eligible Hospital/Critical Access Hospital](#) eCQMs for 2019 CMS quality reporting and performance periods. Information contained within the DERep is derived from the eCQM specifications, Quality Data Model, Version 5.3, and the [Value Set Authority Center \(VSAC\)](#). Each eCQM data element includes information about the value set, the [QDM datatype](#), and the [QDM attributes](#) used by that data element. *Note: The data element descriptions may be updated in the DERep as compared to the VSAC. These descriptions will ultimately be in sync with the descriptions contained in the VSAC in Spring 2019.*

| Filter Options | Search | Sort by | Order | | |
|--|----------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="text" value="- All Data Elements -"/> | <input type="text"/> | <input type="text" value="Title"/> | <input type="text" value="Asc"/> | <input type="button" value="Apply"/> | <input type="button" value="Reset"/> |

Select a filter or search by term and click Apply to see results. Filter definitions are below:

[eCQM](#) Data Element

The eCQM data elements provide a listing of all data elements used in eCQMs for 2019 CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set](#), the [QDM datatype](#), and the [QDM attributes](#) used by that data element. Note: [DERep](#) data element descriptions may not yet be updated in the [VSAC](#). The DERep and VSAC data element descriptions will be synchronized in Spring 2019.

eCQM

The eCQM filter currently provides a list of 24 eCQMs in CMS programs - 16 [Eligible Hospital/Critical Access Hospital](#) and 8 [Eligible Professional/Eligible Clinician](#) measures. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element. Additional [Eligible Professional/Eligible Clinician](#) measures will be added in Spring 2019.

eCQM Unions

The eCQM Unions filter provides a listing of the eCQM unions represented in the Clinical Quality Language (CQL) of the eCQM specifications. For each

Screenshot of Data Element Repository Landing Page Listing of Filter Options

The screenshot displays the eCQI Resource Center website. At the top left is the eCQI Resource Center logo. On the right, there are navigation menus for eCOMs (Electronic Clinical Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), and Sign In (Manage Your Account). A search bar is located in the top right corner.

The main content area features a 'Filter Options' section with the following controls:

- Filter Options:** A dropdown menu currently set to '- All Data Elements -'.
- Search:** A text input field.
- Sort by:** A dropdown menu currently set to 'Title'.
- Order:** A dropdown menu currently set to 'Asc'.
- Buttons:** 'Apply' (orange) and 'Reset' (blue).

Below the filter controls, a message states: "Select a filter or search by term and click Apply to see results. Filter definitions are below:"

eCQM® Data Element

The eCQM data elements provide a listing of all data elements used in eCOMs® for 2019 CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set®](#), the [QDM datatype®](#), and the [QDM attributes®](#) used by that data element. Note: [DERep®](#) data element descriptions may not yet be updated in the [VSAC®](#). The DERep and VSAC data element descriptions will be synchronized in Spring 2019.

eCQM

The eCQM filter currently provides a list of 24 eCOMs in CMS programs - 16 [Eligible Hospital®/Critical Access Hospital®](#) and 8 [Eligible Professional®/Eligible Clinician®](#) measures. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element. Additional Eligible Professional/Eligible Clinician measures will be added in Spring 2019.

eCQM Unions

The eCQM Unions filter provides a listing of the eCQM unions represented in the Clinical Quality Language ([CQL®](#)) of the eCQM [specifications®](#). For each eCQM union, the data elements contained within the eCQM union are listed. The eCQM union operator within the CQL is used to combine two or more lists, such that any item contained in the combined list fulfills the criteria of the union. In the CMS113v7 Medical Induction Medication union example below, a medication contained within the combined list of Oxytocin and Dinoprostone will fulfill the criteria of the union.

Medical Induction Medication:

- ["Medication, Administered": "Oxytocin"] union ["Medication, Administered": "Dinoprostone"]

Note: The eCQM unions shown do not include the CQL logic criteria to fulfill them, or elements present in the embedded logic of the union. For each eCQM union, the eCOMs that use the union are listed. **Please refer to the respective eCQM [specification®](#) for complete logic criteria associated with the unions.**

QDM Attribute®

The QDM Attributes filter provides a listing of all the QDM attribute definitions that can be reused in QDM datatype definitions in eCOMs for 2019 CMS quality reporting and performance periods. Each attribute includes specific details about [QDM®](#) data elements including the QDM definition and where it is used within data elements.

QDM Categories® and QDM Datatypes®

The QDM Categories and QDM Datatypes filter provides a listing of all QDM categories and datatypes used in eCOMs for 2019 CMS quality reporting and performance periods. For each [QDM category®](#) and datatype, the page provides the respective definition along with the available attribute groupings for the selected QDM datatype. A QDM Category consists of a single clinical concept identified by a value set or direct reference code. A QDM Datatype is the context in which each QDM Category is used to describe a part of the clinical care process.

Screenshot of Sample eCQM Page

CMS113v7 – Elective Delivery (PC-01)

[DERep Home Page](#)

Rationale:

Elective Delivery (PC-01). For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13- 21%) (Clark et al., 2009). According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

Data Elements

[Assessment, Performed: Estimated Gestational Age at Delivery](#)

Value Set Description from VSAC:

Clinical Focus: This set of values contains 'observable entities'.

Data Element Scope: The intent of this data element is to identify a particular element will map to the 'Assessment' category.

Inclusion Criteria: Include SNOMED CT codes that identify the

Exclusion Criteria: None

Constrained to codes in the Estimated Gestational Age at Delivery

QDM Datatype - Assessment Performed: Data elements that meet criteria by the QDM category and its corresponding value set. Timing:

[Assessment, Performed: Labor](#)

Value Set Description from VSAC:

Clinical Focus: This set of values represent the concept of labor.

Data Element Scope: The intent of this data element is to identify the 'Physical Exam' category.

Inclusion Criteria: Include SNOMED CT codes that identify labor

Exclusion Criteria: Exclude codes describing later stages of labor.

Constrained to codes in the Labor value set [\(2.16.840.1.113762.1.4.1110.24\)](#).

QDM Datatype - Assessment Performed: Data elements that meet criteria by the QDM category and its corresponding value set. Timing:

[Procedure, Performed: Uterine Horn](#)

Value Set Description from VSAC:

Clinical Focus: This set of values contains excision of the uterine horn procedures performed.

Data Element Scope: The intent of this value set is to identify patients who have had an excision of the uterine horn procedure.

Inclusion Criteria: Excision of the uterine horn procedures by any approach are included.

Exclusion Criteria: All other procedures.

Constrained to codes in the Uterine Horn value set [\(2.16.840.1.113762.1.4.1110.24\)](#).

QDM Datatype - Procedure Performed: Data elements that meet criteria using this datatype should document the completion of the procedure indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: StartTime = the time the procedure begins; StopTime = the time the procedure is completed. NOTE: 1) Timing refers to a single instance of a procedure. If a measure seeks to evaluate multiple procedures over a period of time, the measure developer should use CQL logic to represent the query request. 2) The Incision dateTime is a single point in time available from the Operating Room and/or Anesthesia Record.

Scroll to bottom of eCQM page for link to view measure detail and eCQM artifacts

Measure Page: [Elective Delivery](#)

Screenshot of Sample eCQM Data Element



Diagnosis: Cornual Ectopic Pregnancy

[DERep Home Page](#)

Value Set Description from VSAC:

CLINICAL FOCUS: This set of values contains diagnosis that represent a cornual ectopic pregnancy.

DATA ELEMENT SCOPE: The intent of this data element is to identify a cornual ectopic pregnancy.

INCLUSION CRITERIA: Includes codes representing cornual ectopic pregnancy.

EXCLUSION CRITERIA: Excludes codes representing ectopic pregnancies other than cornual ectopic pregnancies, such as tubal ectopic pregnancies.

Constrained to codes in the Cornual Ectopic Pregnancy value set ([2.16.840.1.113762.1.4.1110.12](#))

ODM Datatype - [Diagnosis](#)

Data elements that meet criteria using this datatype should document the Condition/Diagnosis/Problem and its corresponding value set. The onset dateTime corresponds to the implicit start dateTime of the datatype and the abatement dateTime corresponds to the implicit stop dateTime of the datatype. If the abatement dateTime is not present, then the diagnosis is considered to still be active. When this datatype is used with timing relationships, the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships. Timing: The Prevalence Period references the time from the onset date to the abatement date.

Used By:

[CMS113v7](#)

Included in Unions:

[History of Uterine Surgery Diagnosis Union](#)

QDM Attributes

[Prevalence Period](#)

Value Set Description from VSAC:

Prevalence Period is the time from onset dateTime to abatement dateTime.

Screenshot of Sample QDM Datatype

Diagnosis

[DERep Home Page](#)

ODM Definition:

Data elements that meet criteria using this datatype should document the Condition/Diagnosis/Problem and its corresponding value set. The onset dateTime corresponds to the implicit start date of the datatype and the abatement date corresponds to the implicit stop date of the datatype. If the abatement date is not present, then the diagnosis is considered to still be active. When this datatype is used with timing relationships, the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships. Timing: The Prevalence Period references the time from the onset date to the abatement date.

Direct Descendants:

[Diagnosis: Atrial Fibrillation/Flutter](#)
[Diagnosis: Cancer](#)
[Diagnosis: Cardiopulmonary arrest](#)
[Diagnosis: Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation](#)
[Diagnosis: Cornual Ectopic Pregnancy](#)
[Diagnosis: Dementia & Mental Degenerations](#)
[Diagnosis: Diabetic Retinopathy](#)
[Diagnosis: Galactosemia](#)
[Diagnosis: Live Birth Newborn Born in Hospital](#)
[Diagnosis: Obstetrics](#)
[Diagnosis: Obstetrics VTE](#)
[Diagnosis: Pain Related to Prostate Cancer](#)
[Diagnosis: Perforation of Uterus](#)
[Diagnosis: Primary Open-Angle Glaucoma](#)
[Diagnosis: Prostate Cancer](#)
[Diagnosis: Single Live Born Newborn Born in Hospital](#)
[Diagnosis: Uterine Rupture](#)
[Diagnosis: Uterine Window](#)
[Diagnosis: Venous Thromboembolism](#)

QDM Attributes

[Anatomical Location Site](#)

Value Set Description from VSAC:

The anatomical site or structure where the diagnosis/problem manifests itself (a). The anatomical site or structure that is the focus of the action represented by the datatype (b).

[Author Datetime](#)

Value Set Description from VSAC:

The time the data element was entered into the clinical software. Note, some datatypes include both Relevant Time and Author date attributes. The

Screenshot of Sample eCQM Union



History of Uterine Surgery Diagnosis Union

[DERep Home Page](#)

Used By:
[CMS113v7](#)

Data Elements contained within the Union

[Diagnosis: Cornual Ectopic Pregnancy](#)

Value Set Description from VSAC:

Clinical Focus: This set of values contains diagnosis that represent a cornual ectopic pregnancy.

Data Element Scope: The intent of this data element is to identify a cornual ectopic pregnancy.

Inclusion Criteria: Includes codes representing cornual ectopic pregnancy.

Exclusion Criteria: Excludes codes representing ectopic pregnancies other than cornual ectopic pregnancies, such as tubal ectopic pregnancies.

Constrained to codes in the Cornual Ectopic Pregnancy value set ([2.16.840.1.113762.1.4.1110.12](#)).

ODM Datatype - Diagnosis: Data elements that meet criteria using this datatype should document the Condition/Diagnosis/Problem and its corresponding value set. The onset dateTime corresponds to the implicit start dateTime of the datatype and the abatement dateTime corresponds to the implicit stop dateTime of the datatype. If the abatement dateTime is not present, then the diagnosis is considered to still be active. When this datatype is used with timing relationships, the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships. Timing: The Prevalence Period references the time from the onset date to the abatement date.

[Diagnosis: Perforation of Uterus](#)

Value Set Description from VSAC:

Clinical Focus: This set of values contains diagnoses that represent perforation of the uterus.

Data Element Scope: The intent of this data element is to identify perforation of the uterus.

Inclusion Criteria: Includes codes that identify perforation of the uterus.

Exclusion Criteria: Excludes codes identifying perforation to body structures other than the uterus.

Constrained to codes in the Perforation Of Uterus value set ([2.16.840.1.113762.1.4.1110.14](#)).

ODM Datatype - Diagnosis: Data elements that meet criteria using this datatype should document the Condition/Diagnosis/Problem and its corresponding value set. The onset dateTime corresponds to the implicit start dateTime of the datatype and the abatement dateTime corresponds to the implicit stop dateTime of the datatype. If the abatement dateTime is not present, then the diagnosis is considered to still be active. When this datatype is used with timing relationships, the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships. Timing: The Prevalence Period references the time from the onset date to the abatement date.

[Diagnosis: Uterine Rupture](#)



1/20

Questions?



To share feedback or get involved, please email:
eCQMStrategy@groups.mitre.org



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Upcoming CMS Assessment Submission & Processing (ASAP) and Reporting System Enhancement for LTCHs (iQIES)

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CMS



Quality Payment Program Updates: Data Submission and Call for Measures

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Division of Electronic and Clinician Quality
CMS/CCSQ/QMVIG



2019 Call for Measures and Activities



ANNUAL CALL FOR MEASURES AND ACTIVITIES OVERVIEW

- CMS asks stakeholders to be involved in the focus and evolution of MIPS measures and activities.
- Submission period of measures for consideration for Promoting Interoperability and Improvement Activities performance categories ends on **July 1, 2019**.
- Submission period of measures for consideration for Quality performance category opens soon.



SUBMITTING PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY MEASURES

- Submit measures for consideration to: CMSCallForPIMeasures@gdit.com using the designated submission form. The form must include:
 - Measure description and program relevance
 - Measure type (if applicable; examples include outcome measure, process measure, patient safety measure, etc.)
 - Reporting requirement (numerator and denominator description, Yes/No statement, exclusion criteria)
 - CEHRT functionalities utilized (if applicable)
- CMS will review measures and evaluate them for applicability and feasibility.
- The form is available on the QPP Resource Library at <https://qpp.cms.gov/about/resource-library>.
- Promoting Interoperability performance category measure specifications for current and previous years are available on the Quality Payment Program Resource Library: <https://qpp.cms.gov/about/resource-library>



SUBMITTING PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY MEASURES (CONT'D)

- CMS is interested in adding measures that:
 - Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Certification Standards and Criteria
 - Promote interoperability and health information exchange
 - Improve program efficiency, effectiveness and flexibility
 - Provide patient access to their health information
 - Reduce clinician burden
 - Align with MIPS improvement activities and quality performance categories



SUBMITTING IMPROVEMENT ACTIVITIES

- **The following criteria will be used when considering improvement activities for inclusion in the program:**
 - Relevance to an existing Improvement Activities subcategory
 - Importance of an activity toward achieving improved beneficiary health outcomes
 - Importance of an activity that could lead to improvement in practice to reduce health care disparities
 - Aligned with patient-centered medical homes
 - Focus on meaningful actions from the person and family's point of view
 - Supports the patient's family or personal caregiver
 - Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care)
 - Feasible to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic HPSAs by HRSA
 - Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes
 - Include a public health emergency as determined by the Secretary; and/or*
 - CMS is able to validate the activity*



SUBMITTING IMPROVEMENT ACTIVITIES (CONT'D)

- **Additionally, submitters should ensure that:**
 - New proposed activities do not duplicate existing ones. The list of current MIPS Improvement Activities is available on the Quality Payment Program Resource Library at <https://qpp.cms.gov/about/resource-library>.
 - The proposed activity is feasible to implement by others.
 - The activity produces evidence that CMS can use to validate that a MIPS-eligible clinician or group has completed the activity.
 - Activities proposed for inclusion should be sent using the Improvement Activities Submission Form to CMSCallforActivities@abtassoc.com.
 - All communication regarding Improvement Activities proposals, including follow-up questions for submitters and determinations, will come from this email address.
 - Proposals submitted *by July 1, 2019* will be considered for inclusion in the Quality Payment Program Year 5, beginning January 1, 2021.



AVAILABLE RESOURCES: WHERE TO GO TO LEARN MORE

- **Resources:**

- [2019 Call for Measures and Activities Toolkit:](#)
 - Overview Fact Sheet
 - Improvement Activities Call for Activities Submission Form
 - Promoting Interoperability Call for Measures Submission Form

- **General Questions:**

- Contact the Quality Payment Program Service Center by:
 - Email: gpp@cms.hhs.gov
 - Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

- **Specific Questions about:**

- Improvement Activities submission, email: CMSCallforActivities@abtassoc.com
- Promoting Interoperability measure submission, email: CMSCallforPIMeasures@gdit.com



2018 MIPS Data Submission



MIPS YEAR 2 (2018) DATA SUBMISSION

- **Topics**

- Key Dates for Submitting Data for Year 2 (2018) of the Merit-based Incentive Payment System
- New HARP System
- Submitting Data through the QPP website
- Available Resources



MIPS YEAR 2 (2018) DATA SUBMISSION PERIOD

- CMS has announced that eligible clinicians participating in the Quality Payment Program can begin submitting their 2018 performance data.
- **Key Dates**
 - **January 2 – April 2, 2019:** The data submission period for MIPS eligible clinicians submitting data through the QPP website or through Qualified Clinical Data Registries (QCDRs) and Qualified Registries.
 - **January 22 – March 22, 2019:** Clinicians choosing to submit their 2018 data via the CMS Web Interface must do so within this time period.



MIPS YEAR 2 (2018) DATA SUBMISSION PERIOD

- On **December 19, 2018**, CMS transitioned from the Enterprise Identity Management (EIDM) system to the HCQIS Authorization Roles and Profile (HARP) system to streamline the process for eligible clinicians to view, submit, and manage their data.
- **Previous EIDM Accounts**
 - All eligible clinicians who previously had an EIDM account were automatically transitioned to HARP and should use their existing EIDM user ID and password to sign in to the QPP website.
- **New Clinicians**
 - For all clinicians who did not previously have an EIDM account, they will need to enroll with HARP.
 - A step-by-step guide is available for users on QPP website.
- The system will connect each user with their practice Taxpayer Identification number (TIN). Once connected, clinicians will be able to report data for the practice as a group, or for individual clinicians within the practice.



MIPS YEAR 2 (2018) DATA SUBMISSION PERIOD

- **Submitting 2018 Data through the QPP website:**

- Sign into the QPP website using your HARP credentials: <https://qpp.cms.gov/login>.
- Submit your 2018 data and/or attest to the Quality, Promoting Interoperability, and Improvement Activities performance categories.
- You can submit and update your data throughout the submission period. Your data is automatically saved and clinician records are updated in real-time. This allows you to come back at a later time without losing any of the data.



MIPS YEAR 2 (2018) DATA SUBMISSION PERIOD

- **HARP System Resources**
 - [QPP Access User Guide](#) (zip file):
 - Before You Begin
 - Register for a HARP Account
 - Connect to an Organization
 - Security Officials Manage Access
 - HARP Demonstration Videos:
 - [Create a QPP Account](#)
 - [Connect to an Organization: Practice](#)
 - [Connect to an Organization: APM Entity](#)
 - [Connect to an Organization: Registry](#)
 - [Connect to an Organization: Virtual Group](#)
 - [Security Officials: Approving Role Requests](#)
- Available in the QPP Resource Library: <https://qpp.cms.gov/about/resource-library>



MIPS YEAR 2 (2018) DATA SUBMISSION PERIOD

- **MIPS 2018 Data Submission Resources:**

- [2018 Data Submission FAQs](#)
- [2018 Data Submission User Guide](#)
- 2018 Data Submission Demonstration Videos:
 - [Uploading Files for Data Submission](#)
 - [Reviewing Overview Data](#)
 - [Reviewing Quality Category Data](#)
 - [Reviewing Promoting Interoperability Category Data](#)
 - [Reviewing Improvement Activities Category Data](#)
 - [Manual Attestation of the Promoting Interoperability Category](#)
 - [Manual Attestation of the Improvement Activities Category](#)
 - [Deleting Submitted Data in the System](#)
 - [Reviewing and Submitting Data as a Registry](#)
 - [Navigation to Individual and Group Submission](#)

- Available in the QPP Resource Library: <https://qpp.cms.gov/about/resource-library>



Questions?
cmsqualityteam@ketchum.com



Topics?

Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening!

Please email cmsqualityteam@Ketchum.com with your suggestions.



Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held in April 2019. CMS will share more information when it becomes available.

